

ADOPT-200 Adoption Request

Clerk stamps below when form is filed.

If you are adopting more than one child, fill out an adoption request for each child.

1 Your name(s) (adopting parent(s)):

a. _____
b. _____

Relationship to child: _____

Your address (skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

2 Type of adoption: (Check one)

☐ Agency (name): _____

☐ Independent

☐ International (name of agency): _____

☐ Stepparent/Domestic Partner

3 Information about the child:

a. The child's new name will be:

b. ☐ Boy ☐ Girl

c. Date of birth: _____ Age: _____

d. Place of birth (if known):

City: _____

State: _____ Country: _____

e. If the child is 12 or over, does the child agree to the adoption? ☐ Yes ☐ No

4 Does the child have a legal guardian? ☐ Yes ☐ No

If yes, attach a copy of the Letters of Guardianship and fill out below:

a. Date guardianship ordered: _____

b. County: _____

c. Case number: _____

5 Is the child a dependent of the county? ☐ Yes ☐ No

If yes, fill out below:

Juvenile Case Number: _____

County: _____

6 Child may have Indian ancestry: ☐ Yes ☐ No

If yes, attach Form ADOPT-220, Adoption of Indian Child.

Court name and street address:

Superior Court of California, County of _____

Case Number: _____

Hearing
Date

Hearing is set for:

Date: _____ Time: _____

Dept.: _____ Room: _____

Name and address of court if different from above:

Your name(s): _____

Case Number: _____

7 Child's address (*if different from yours*):

Street: _____

City: _____ State: _____ Zip: _____

8 I/We have received information about the Adoption Assistance Program Regional Center and mental health services available through Medi-Cal or other programs. ☐ Yes ☐ No

9 If this is an Open Adoption:

Form ADOPT-310 (Contact after Adoption Agreement):

☐ Is attached ☐ Will not be provided ☐ Will be filed at least 30 days before the adoption hearing

☐ Undecided at this time

Name of birth parents if you know (*optional*):

a. _____

b. _____

10 If this is a Stepparent/Domestic Partner Adoption, write date:

Adopting parents were married: _____ **OR** Domestic partnership registered: _____

(This does not affect the social worker's recommendation. Information is for court only. There is no waiting period.)

11 If this is an Independent Adoption:

a. ☐ A copy of the Adoptive Placement Agreement is attached. (Required in most independent adoptions; see Fam. Code, § 8802.)

b. ☐ I/We will file promptly with the department or delegated county adoption agency information required by the department in the investigation of the proposed adoption.

12 ☐ The consent of the ☐ birth mother ☐ presumed father is not necessary because (*specify Fam. Code, § 8606 subdivision*): _____

13 A court ended the parental rights of the:

☐ Birth mother ☐ Presumed father ☐ Biological father

Attach copy of order if available.

14 ☐ There is no presumed or biological father because the child was conceived by artificial insemination using a medical doctor or a sperm bank. (Fam. Code, § 7613.)

15 I/We will ask the court to end the parental rights of the:

☐ Birth mother ☐ Presumed father ☐ Biological father

16 The people below agree the child should be placed for adoption by the California Department of Social Services or a licensed adoption agency (Fam. Code, § 8700):

☐ Birth mother ☐ Presumed father ☐ Biological father



Your name(s): _____

Case Number: _____

- 17 The people below agree to the adoption:
☐ Birth mother ☐ Presumed father ☐ Biological father ☐ Child
Attach ADOPT-210, Adoption Agreement, if available.

- 18 The ☐ birth mother ☐ presumed father ☐ biological father has not contacted his or her child in one year and the court clerk will notify the appropriate investigating agency immediately (Fam. Code, §§ 8604(b) and 7850).

- 19 The people checked here have died:
☐ Birth mother ☐ Presumed father ☐ Biological father

- 20 Suitability for Adoption:
Each adopting parent:
- | | |
|----------------------------------------------|-------------------------------------------------|
| a. Is at least 10 years older than the child | d. Has a suitable home for the child <i>and</i> |
| b. Will treat the child as his or her own | e. Agrees to adopt the child |
| c. Will support and care for the child | |

- 21 I/We ask the court to approve the adoption and to declare that the adopting parent(s) and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

- 22 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge, which means if I lie on this form, I am guilty of a crime.

Date: _____
Type or print your name

➤ _____
Signature of Adopting Parent

Date: _____
Type or print your name

➤ _____
Signature of Adopting Parent

Date: _____
Type or print your name

➤ _____
Signature of Adopting Parent